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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

EDWARD TURNER

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 1:25-cv-00835
(To be supplied by the Clerk of this Court)

1:25-cv-00835

Judge Manish S. Shah

Magistrate Jeannice W. Appenteng

Direct

PC 1

CITY OF CHICAGO, WEXFORD

HEALTH SOURCES, INC., CERMAK

HEALTH SERVICES and ANDREA

WARD. in their individual

and official capacities

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Edward Turner
- B. List all aliases: None
- C. Prisoner identification number: B62225
- D. Place of present confinement: Robinson Correctional Center
- E. Address: 13423 East 1150th Avenue, Robinson, IL 62454

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: City of Chicago
Title: City
Place of Employment: Chicago
- B. Defendant: Wexford Health Sources, Inc.
Title: Health Care Provider for the Illinois Dept. of Corrections.
Place of Employment: Robinson C.C., Robinson, Illinois
- C. Defendant: Cermak Health Services, Inc.
Title: Health Care Provider for Cook County Jail
Place of Employment: Cook County Jail, Chicago, Illinois

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: Andrea Ward

Title: Medical Doctor

Place of Employment: Cook County Jail, Chicago, Illinois

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: None.
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. Plaintiff was incarcerated in the Cook County Jail in August of 2022. He was prescribed the medication Olanzapine by doctor Andrea Ward for insomnia.
2. Plaintiff took this medication, as verified by jail medical records, from August of 2022 to June of 2023. He stopped taking the medication due to adverse side effects, which included numbness and motor function problems of the left side of his body.
3. At no time was Plaintiff advised by doctor Andrea Ward, MD, or any other medical staff about the possible side effects of the medication.
4. In about April of 2023 nurse Jane Doe informed the plaintiff that Olanzapine was not normally prescribed for insomnia, but was an allergy medication. She questioned the Plaintiff about why the doctor had prescribed it for insomnia, and insisted that this was an improper use of the medication.
5. After stopping the medication Plaintiff suffered extensive neurologic damage on the left side of his body, severely affecting the motor function in his left arm, hand and leg,

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

causing permanent nerve damage and numbness.

6. Plaintiff was transferred out of Cook County Jail in late June or early July of 2023 into the Illinois Department of Corrections.

While at Stateville Correctional Center Northern Receiving & Classification (NRC) Plaintiff informed medical staff of his issues.

No treatment or evaluation was made by Wexford Health Sources, Inc., medical staff.

7. Plaintiff was transferred to Robinson Correctional Center in July of 2023. He informed Wexford employed medical staff about his issues. He has been told that he is on the waiting list to see the doctor but has received no treatment. Wexford has employed an unconstitutional policy of delay and denial of treatment, which is a Monelle claim. As of this date Plaintiff has still received no treatment, as Robinson C.C. currently has no doctor on staff.

8. At all times described herein each defendant acted with deliberate indifference to Plaintiff's serious medical need, and Plaintiff asserts that; (a) he suffered a substantial injury and exhibited symptoms clearly indicating a serious medical need; (b) that the defendants were aware of a substantial risk their actions (prescribing improper medication) and inaction (declining to provide treatment) posed to the plaintiff, and; (c) the defendants acted in total disregard of those risks and the plaintiff suffered irreparable harm because of it in violation of his rights under the 8th Amendment to the U.S. Constitution

Revised 9/2007

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

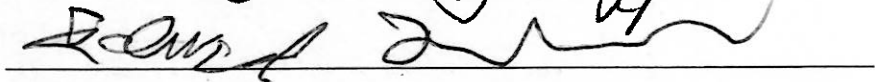
9. Plaintiff seeks \$500,000 in compensatory damages from each defendant, jointly or severally.
10. Plaintiff seeks \$500,000 in punitive damages from each defendant, jointly or severally.
11. Plaintiff's cost in this suit.
12. Any other relief this Honorable Court deems proper and just.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 13 day of Aug, 2024



(Signature of plaintiff or plaintiffs)

Edward Turner, pro se

(Print name)

B62225

(I.D. Number)

13423 East 1150th Avenue

Robinson, IL 62454

(Address)